STATE OF HAWAII Department of Accounting and General Services Division of Public Works

MONTHLY ESTIMATE

FOR THE MONTH OF April 2010

Date: April 26, 2010

	USESSITE HAS BEEN ALLE	Office State of the State of th					Date: 1	April 26,	2010	
CONTRACTOR:	Goodfellow	Bros., Ir	1 C .					RETREET, S	Servenes de Arganis (A)	
ADDRESS:	1300 N. Hola	pono S	L, Sulto	201 PD B	220 x0x	Contr	act No.	58839		[]
City, State ZIP:	Kihei, HI 967	53		who le	aracl.	DAGS.	Job No.	15-27-56	00	
PROJECT TITLE:	MCCC Perim	eter Fe	nce & St	orm Drain Rep	airs & Impi	rovement	s: 04			
CONTRACT						CTION BRAN		1 COMME	NCEMENT REQUIREME	NTS
Basic Contract A	mount	\$		739,997.00	DUE MONT			,		
			'			T SCHEDULE -	INITIAL & ON	IGOING		
					[] DAILY R				ROLL AFFIDAVITS	
					-0		UECKI IST	[] PAI	OLL APPIDATIO	
CHANGE ORDE	RS					ESTIMATE C	NECKLI31	[] 220.0	ECT NAME & LOCATION	
Total \$					[] ALL SIG			1 1 1100		
Adjusted Contract	t Amount	- \$		739,997.00	1 TACE SIGN	MATURES				
Adjusted Contract	. Amount	Ψ		700,007.00						
WORK ACCOMP	PLISHED		Bas	sic Contract		<u>Change</u>	Order		Total	
Completed to Dat	te	5.41%	\$	40,000.00	#DIV/0I_	\$	-	\$	40,000.00	
								Ç.		
Retained I	REDUCED []	\$	2,000.00		\$	-	\$	2,000.00	
Amount Subject t	o Payment		\$ E84645A	38,000.00	Ē	\$		\$	38,000.00	
Payments to Date		1	\$		1	\$		\$	-	
Payments Now D	ue	EVALUE OF	\$	38,000.00	-	\$	-	\$	38,000.00	
Payment No.	FINAL[]	1								
				1 <u>8.</u> 15						
Computed and Checked by:					2. I certify that	the above bill is	correct, just, ti	nat payment h	as not been received, an	d all payroll
Kannel	TI	-		5/28/10	affidavits have in this request.	been submitted,	are current, or	proper deduc	tive exclusions have bee	n made to
3. Recommended:	Project Inspector or Engin	eer		Date:	12000	Helle	ow i	BNS	Since.	
kIn				5/2/10	Name of Contra	actor		B		*1
4. Recommended:	Area Engineer/Architect			Date:	111	4	1			10/2
	Veller	<u> </u>		0-1-10	per 10	me_	1Pm	jact it	agner	2/5/2
5. Approved: The Public Worlds Administrate	Button Chief of District es or certifies that change o	orders have be	en Issued an	d the work performed.	by signature / T	iud;				Daw
Come	-4h	17	en	JUN - 3	2010					

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII

Department of Accounting and General Services Division of Public Works

For the Month of: April 2010

CONTRACTOR: PROJECT TITLE: Goodfellow Bros., Inc.

MCCC Perimeter Fence & Storm Drain Repairs & Improv DAGS Job No.: 15-27-5600

Contract No.: 58839

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	
E	Goodlellow Bros., Inc.	General Contractor	ABC-7046	\$739,997	\$40,000	5.41%	5%	\$2,000 A

CONTRACT **ICENSE** BASIC SUB-CONTRACT COMPL RETN **AMOUNT** SUBCONTRACTOR TRADE RETAINED **CMPL AMOUNT** TO DATE #DIV/0I 10% \$0 #DIV/O \$0 10% #D[V/0| 10% \$0 #DIV/0| 10% \$0 10% \$0 #DIV/DI #DIV/D! 10% \$0 #DtV/OI 10% \$0 #DIV/01 \$0 10% #DIV/Ot 10% \$0 #DIV/0! 10% \$0 #DIV/0! 10% \$0 \$0 #DIV/0! 10% \$0 #DIV/0! 10% #DIV/0! 10% \$0 #DIV/D! 10% \$0 #DIV/OI \$0 10% #DIV/DI 10% \$0 #DIV/0! 10% \$0

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		*************	**************

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)

\$2,000

so B

I certify that the above retentions are correct for this request.

Total Retained from Subs

Checked/Verified by:

Initial - Project Inspector or Engineer

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES DIVISION OF PUBLIC WORKS Monthly Payment Slip DIV. OF PUBLIC WORKS

Monthly Payment Slip

PAYMENT NO.: 1

2019 114 -3 P 1:47 PROJECT TITLE: MCCC - PERIMETER FENCING AND STORM DRAIN REPAIRS AND

IMPROVEMENTS

BILLING MONTH: April-10

DAGS JOB NO.: 1 5-27-5600

CONTRACT NO.: 58839

CONTRACTOR: GOODFELLOW BROS. INC.

VENDOR CODE: 8714400

			Suffix: 1	ontract Payment	Original Co
Amount Due	<u>Retainage</u>	Amount Earned		Fund Symbol	<u>Suffix</u>
\$38,000.00	\$2,000.00	\$40,000.00	(e) <u> </u>	B07-820M	
\$38,000.00	\$2,000.00	\$40,000.00	Totals:	T	
			Suffix: 2	der Payment	Change Or
Amount Due	Retainage	Amount Earned		Fund Symbol	Suffix
\$0.00	\$0.00	\$0.00	_	B07-820M	
			Totals:	=	
\$38,000.00	\$2,000.00	\$40,000.00	Grand Total:		

Klaya Cata
Verified By DATE

(This Section for Administrative Services Office Use Only)				
Vendor Code	8714400			
Cost Code	3A1			
Voucher No.	06065N02			
Verified By	by reliolio			